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NJDHSS Communicable Disease Service Weekly

Statewide Influenza Activity Summary

Week Ending March 3, 2006

Influenza level of activity: **"REGIONAL ACTIVITY"**

From September 20, 2005, to date 1202 unique clinical specimens have been tested by the New Jersey Public Health and Environmental Laboratory and NJ clinical laboratories participating in the World Health Organization and National Respiratory and Enteric Virus Surveillance System*. What follows is a summary of culture-confirmed cases of influenza identified through testing performed by these laboratories for the week ending March 3, 2006:

- Number of influenza A culture confirmed cases: 75
- Number of influenza B culture confirmed cases: 3

This is the twenty-third week of the 2005-06 influenza season in New Jersey. Though the NJDHSS Communicable Disease Service was not notified of any respiratory outbreaks in any of the schools or health care institutions in the state, the number of influenza A culture positive isolates show a significant regional increase.

This week, rates of influenza-like illness (ILI) from nursing homes and emergency department visits are 1.45% and 6.83% respectively. The rate for school absenteeism is 5.66%.

Hospital laboratory surveillance for respiratory syncytial virus (RSV) shows a slight increase in the number of tests performed and number of positives. The monthly RSV report is consistent with the same period last season. Overall, this week's surveillance parameter remains within the same baseline as compared with the same period in previous seasons.

A few of the county percentage parameters showed figures well above the total average (see 28Feb06.pdf Table) but should not be interpreted as an increased level of activity since the denominator of reporting entities is very small.

Severe influenza associated pediatric Illness surveillance system:

The NJDHSS, Communicable Disease Service continues to monitor influenza associated severe illness and death in the pediatrics population. To date NJDHSS, Communicable Disease Service has not received any associated death report meeting the established criteria as stipulated in the surveillance protocol.

From the analysis of all data collected this week from the ILI surveillance system, the level of influenza activity in the state of New Jersey remains at **"**REGIONAL ACTIVITY.**"**

National weekly ILI surveillace report:

According to the CDC's latest influenza weekly activity level report for week 7 (February 12 – February 18, 2006), influenza activity increased in the United States. The proportion of patient visits to sentinel providers for influenza-like illness (ILI) was above the national baseline. The proportion of deaths attributed to pneumonia and influenza was below the baseline level. Seventeen states and New York City reported widespread influenza activity; 18 states reported regional influenza activity; 10 states including New Jersey reported local influenza activity; 4 states and Puerto Rico reported sporadic influenza activity; and the District of Columbia reported no activity. For more information go to: http://www.cdc.gov/flu/

Influenza virus infection itself is not a clinical or laboratory reportable disease in New Jersey according to N.J.A.C. 8:57-1. Accordingly, activity levels must be extrapolated from weekly monitoring activities of healthcare facilities and providers dispersed around the state.

Avian flu WHO update:

Authorities in Germany announced the detection of H5N1 avian influenza, in a domestic cat that was found dead over the weekend on the northern island of Ruegen. So far, there is no evidence that domestic cats play a role in the transmission cycle of H5N1 viruses. The highly pathogenic H5N1 avian influenza has been confirmed in a poultry farm in a second sub-Saharan African country of Niger. In Nigeria's northern province of Kano, near the border with Niger, some 51 farms are now known to have been affected. So far four persons have been investigated for possible H5N1 infection. Local tests have ruled out infection in three of these cases, including one which was fatal. Laboratory studies have also shown that the virus presently circulating in Nigeria is virtually identical to viruses that have caused human cases and deaths elsewhere since the start of this year. Outbreaks in numerous other African countries are currently under investigation. To date the cumulative number of laboratory-confirmed human cases of avian influenza A/(H5N1) reported to WHO stands at 174 including 94 deaths. WHO reports only laboratory confirmed cases. For more information go to: http://www.who.int/csr/disease/influenza/en/

Influenza Virus Vaccine Formulation For 2006-2007 Season:

FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) met in Bethesda, Maryland, on February 17, 2006, to select the influenza virus strains

for the composition of the influenza vaccine for use in the 2006–2007 U.S. influenza season. During this meeting, the advisory panel reviewed and evaluated the surveillance data related to epidemiology and antigenic characteristics, serological responses to 2005/2006 vaccines, and the availability of candidate strains and reagents. The panel recommended that vaccines to be used in the 2006-2007 season in the U.S. contain the following:

- an A/New Caledonia/20/99 (H1N1)-like virus;
- an A/Wisconsin/67/2005 (H3N2)-like virus (A/Wisconsin/67/2005 and A/Hiroshima/52/2005strains);
- a B/Malaysia/2506/2004-like virus (B/Malaysia/2506/2004 and B/Ohio/1/2005 strains)

The influenza vaccine composition to be used in the 2006-2007 season in the U.S. is identical to that recommended by the World Health Organization on February 15, 2006.

*****The laboratories conduct testing of pre-season isolates and the first isolates of the season. These isolates can provide information regarding circulating strains and information necessary for the vaccine formulation for the following year's flu season. Also, test results from representative samples collected during peak influenza activity late in the season, and after a major influenza outbreak, may identify new variants that are just beginning to circulate in the community, helping to inform vaccine formulations for the following year.

References and Resources:

- To obtain previous ILI reports: http://nj.gov/health/fluinfo/index.html
- http://www.nj.gov/health/flu/preventflu.shtml
- http://www.cdc.gov/flu/
- http://www.who.int/csr/disease/influenza/en/
- http://www.cdc.gov/mmwr/